

# **Partysafe Project Evaluation Report**

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## **EXECUTIVE SUMMARY**

### **INTRODUCTION**

This report describes the implementation and evaluation of the Partysafe Project carried out in the remote northwest town of Carnarvon in Western Australia. The overarching goal of the project was to use a community mobilisation framework to reduce alcohol-related harm associated with drinking in private settings.

Three elements were used to evaluate the project. The first of these was community opinion as measured by a pre/post survey and key informant interviews. This involved gathering information regarding consumption levels, drinking time and location, community awareness and understanding of campaign initiatives, and community understanding as to the local consequences of alcohol consumption. The second element was the collection and analysis of archival data from various government departments and services. Finally, the extent to which the community was mobilised was measured by examining indicators including local media, formation of action groups, policy changes, and changes in community opinion.

### **Target Group**

An outcome of a pre-intervention community survey was the identification of males aged 25-45 as a group with high risk of alcohol-related harm. This group became the main target population for the campaign. However, many initiatives were also applicable to the general community in addressing alcohol-related issues.

## **INTERVENTIONS AND RESULTS**

### **Media Usage**

Radio advertisements were an effective way of reaching both the Aboriginal and non-Aboriginal populations. The advertisements were particularly recognised by consumers of alcohol. Using local people to deliver the message was particularly effective. It is therefore recommended that radio advertisements be continued as an effective method

of communicating with all segments of the Carnarvon population regarding health issues.

Recall of newspaper articles was strong, suggesting that local print media is a sound method of reaching the population. Again, use of local people brought higher recall. However, evidence also suggests that newspapers are less effective in reaching the Aboriginal population.

These two results indicate the effectiveness of using local identities, events, and content in media based interventions.

### **Behaviour Change**

During the Christmas period Carnarvon businesses and government agencies (including Partysafe) conducted an intensive Collaborative Campaign aimed at minimising alcohol-related harm over the holiday season. Ten percent of survey respondents indicated that they had changed their behaviour as a result of promotional materials and activities over the Christmas period. This indicates that the Christmas Collaborative Campaigns should be continued in future years.

### **Community Concerns**

Changes in community concerns were gauged by comparing the pre and post surveys. Positive changes were observed in relation to street drinking, violent and aggressive behaviour, and domestic violence. The source of these changes is not self evident. However, it seems reasonable to assume that Partysafe initiatives played at least a contributing role. Hence, it would be beneficial if interventions such as those implemented by Partysafe are continued in the community.

### **Mac - Peer Character Cartoon**

A major intervention of the Partysafe Project was an ongoing cartoon in the local press starring a character named Mac. Mac was intended be representative of a local Carnarvon community member from the target group. He recognises he has a problem with alcohol and, over time, modifies his behaviour. The Mac cartoons were recalled by



65% of those surveyed and 60% of these people were able to clearly state the message portrayed in the cartoon. The success of the peer character concept has led to it being adopted in other similar rural settings.

### **Archival Time Series Data**

Data was collected from the local police department and hospital in order to gauge whether, over time, the Partysafe interventions were actually reducing alcohol-related harm. The data collected was monthly assaults and car crashes, and weekend presentations at the Accident and Emergency room of the local hospital. Similar data was also collected for a control town – Kununurra.

As expected, due to the short-term nature of the project, there were no significant trends in the data. However, the data forms a baseline for evaluating continuing initiatives in the locality. It is suggested that in the future hospital and police data be collected from centralised databases, rather than local sources, to ensure accuracy. Data should also be more closely related to the target group and outcomes that are to be measured, rather than using gross data as proxy measures of alcohol-related harm.

### **Christmas Collaborative Campaigns**

Over the two pre-Christmas periods of 1999/2000 and 2000/01, local government, health organisations, and the business community worked in partnership to reduce harm associated with alcohol consumption over the holiday period. These campaigns included interventions such as radio advertisements, local newspaper articles, low-alcohol beer promotions, provision of all-night town lighting, and increased Police presence. Emphasis in media interventions was on local personalities and content. The campaigns were an exemplar of what communities can achieve when they are mobilised, with the 1999/2000 campaign the eventual State winner of the Prime Minister's Award for Excellence in Community/Business Partnerships. Importantly, both the general community and those participating in the interventions have viewed these campaigns as successful. This has led to a greater appreciation of what the Carnarvon community can achieve when they work together. It is recommended that these campaigns be continued over future Christmas seasons.

## **Key Informant Interviews**

Part of Partysafe's evaluation consisted of pre and post interviews with key informants from Carnarvon. These informants were leaders from a variety of sectors in the local community including health, business, community services (including Aboriginal services), and government. The interviews indicated an increasing level of appreciation and awareness of project interventions and community initiatives over the duration of the project. Of particular note was the success attributed to the Christmas Collaborative Campaigns.

## **SUMMARY**

The major beneficial impact of the Partysafe project was heightened awareness of target issues in the community. Of particular interest was the effectiveness of local content in attracting community attention to the project's message of reducing alcohol-related harm. This finding reinforced those of earlier studies that pointed to local campaigns being more effective in producing change than national projects, which are of necessity targeted towards major population centres. In addition, the uniting of the community in working towards reducing alcohol-related harm was acknowledged as successful, both by the community and the intervention participants. This is an important result as the Carnarvon community now believe they can work together to initiate change, and plans are in place to ensure the momentum is maintained.

## INTRODUCTION

In recent years there has been an increasing amount of evidence that the level of alcohol consumption is disproportionately high in the northern and eastern regions of Western Australia. Accompanying this higher consumption are a range of associated social, health and economic costs (Holman, Donovan, & Corti, 1993; Midford *et al.*, 1998). Catalano *et al.* (2001) showed that non-metropolitan adult alcohol consumption in Western Australia averaged over 12.5 litres per annum through the 1990s. This was approximately 50% greater than metropolitan consumption during the same period. Midford *et al.* (1998) looked at consumption in five regions of the state using methodology that combined sales data and survey information on patterns of use. This allowed abstainers to be excluded from calculations of per capita consumption and greater specificity in allocating consumption by gender. The result was a finding of particularly high average consumption by drinking males, aged 15 years and over in the north of the state. In the Pilbara/Kimberley region drinking males consumed 39.4 litres of alcohol during 1991/92. This equates to an average of 8.5 standard drinks per day, which exceeds the threshold of harmful drinking (6 standard drinks per day) by a considerable margin (Pols & Hawks, 1992). The same study reported that the region's hospital morbidity attributable to alcohol was 2.5 times as high as in Perth.

Such high rates of consumption and harm in the north of the state support the need for greater prevention efforts in the region. However, prevention strategies designed at a state or national level may not be appropriate at a local level, as the social and environmental factors operating may be unique to particular communities (Midford & McBride, 1999). Furthermore, the prevention 'dose' afforded by a national campaign may be quite small at the level of small rural communities and local community members are likely to see programmes with a mainstream metropolitan focus as irrelevant. The setting of alcohol consumption in rural communities also needs to be considered in prevention planning. Previous research suggests that in rural communities alcohol is most commonly consumed in private dwellings rather than in hotels, restaurants, or nightclubs (Midford, Marsden, Phillips, & Lake, 1997; Boots & Midford, 1995). Any prevention effort aiming to reduce the incidence of alcohol-related

harm in a rural area must employ strategies relevant to the context of drinking, that is, appropriate for functions held in private residences.

These factors were taken in to consideration in planning the Partysafe Initiative and in choosing Carnarvon as a community that would both inform the research and benefit from the prevention intervention. The objective of the Carnarvon Partysafe Project was to utilise a community mobilisation framework to address the harm arising from alcohol consumption in private residences. Community agreement on hosting the project was sought in the first instance. Furthermore, throughout the project community involvement was maintained in order to identify specific local concerns regarding alcohol misuse. This process also informed the ongoing development and implementation of effective local prevention strategies. It was important in terms of community process that the project was engaging and relevant at the local level. Accordingly, the methodology deliberately emphasised local involvement in decision making and flexibility in responding to local concerns, rather than research control of the intervention process.

Local empirical data clearly supports the need for an intense alcohol prevention program in Carnarvon. Alcohol sales data for the town show that in 1998 consumption was 17.16 litres of alcohol per person aged 15 years and older. This compares with state level consumption in the same year of 10.44 litres of alcohol per person aged 15 years and older (source: ABS estimated resident population for 1998 and data from the Office of Racing, Gaming and Liquor, Western Australia). This translates into every person in Carnarvon over the age of fifteen years drinking just under four standard drinks per day. This is the threshold for hazardous consumption for males, and the line between hazardous and harmful consumption for females (Pols & Hawks, 1992), yet is likely to be an underestimate of the amount of alcohol consumed by drinkers because non drinkers cannot be excluded from the calculations. Accompanying harm is also greater in Carnarvon. Unwin *et al.* (Unwin, Codde, Swensen, & Saunders, 1997) give the number of alcohol-related deaths in the Gascoyne region (with Carnarvon as the main population centre) as 31 per 100 000 over the period from 1984 to 1995. This is significantly higher than the state average of 10 per 100 000. These figures indicate the excessive nature of alcohol consumption in Carnarvon and the resulting burden borne by the community.

Carnarvon is a town located on the coast in Western Australia's remote north-west and is based principally on two industries, fishing and tropical agriculture. The town has a population of approximately 6300 (source: Estimated resident population @ 30 June 1999, ABS Cat. 3235.5). Most are of European descent but a substantial minority (approximately 20%, source: ABS Cat. 2034.5) of the population is of Aboriginal descent. The nature of the community is defined by its industries and its cultural breakdown. These characteristics tend to divide the town into a number of smaller, self-contained communities. There are the fishing, mining and agricultural occupational groups, all of which tend to be separate entities. In addition there is a considerable cultural and economic divide between the Aboriginal and European communities. These complexities made the implementation of a broad community mobilisation initiative more challenging. However, community diversity is an important consideration if the project is to understand how alcohol impacts on all elements in the community.

As the planning phase progressed it was realised that a number of other alcohol-related campaigns were to be running at the same time. This simultaneously created problems and bestowed benefits. Other interventions were going to confound evaluation of the Partysafe Project. It was recognised, therefore, that any evaluation would have to focus on the unique aspects of Partysafe. However, the existence of other initiatives opened up greater opportunities for collaboration. In this regard the early involvement of the Gascoyne Public Health Unit has been critical. The unit, which is located in Carnarvon, offered office accommodation and professional support to the Partysafe Project from its conceptual beginnings. Additionally, it had already put into place a policy of working in partnership with the local community to address health concerns. Their mission statement- "To work in partnership with the community to create a supportive environment which empowers individuals to enjoy a healthy life" (Gascoyne Public Health Unit, 2000) – was played out in their commitment to making Partysafe a community resource. Their support went beyond simply housing the project to providing advice, local knowledge, and access to community networks that would prove vital in the programme's development. The Gascoyne Public Health Unit's success with its own health collaborations facilitated Partysafe's ability to enter into alcohol focused community collaborations and reinforced the importance of including community mobilisation as an indicator of project success. It was decided accordingly

that the extent to which the Carnarvon community was mobilised would be a key measure in determining the success of the project.

The project was staffed by one 0.5 project officer located in Carnarvon at the Gascoyne Public Health Unit (GPHU) and one 0.4 evaluation officer located in Perth at the National Drug Research Institute. Other staff members in the GPHU also gave time and support.

## AIMS AND OBJECTIVES

In conjunction with Gascoyne Public Health Unit the Carnarvon Partysafe project sought to elucidate the nature of harms experienced in the community as a consequence of drinking in non-licensed settings and attempted to reduce such harms via a variety of locally based initiatives. The research team aimed to explore the utility of a community mobilisation approach in endeavouring to reduce the harms associated with such drinking. These initiatives focused on increasing public awareness of responsible alcohol consumption and service practices in the home and encouraging both host and guests to arrange prior alternatives rather than driving under the influence. While the Partysafe project's interventions were continuous over time, prevention strategies were maximally employed in the periods leading up to the summer holiday seasons in 1999/2000 and 2000/01.

## SPECIFIC OBJECTIVES

- To mobilise the Carnarvon local community in identifying the nature of locally experienced harms associated with the consumption of alcohol in private settings and to determine appropriate prevention strategies. To implement initiatives aimed at reducing the harms associated with alcohol abuse in private residences that are responsive to local needs and concerns, employing a variety of strategies (e.g. local media, community activities). To assess the level of awareness of harm reduction strategies before and after intervention in Carnarvon.
- To analyse various indices of alcohol-related harm in Carnarvon over the course of the project and to compare them with data obtained from the control town of Kununurra, which is also located on the coast in Western Australia's remote northwest. To facilitate, document and disseminate an inclusive and productive community development process.

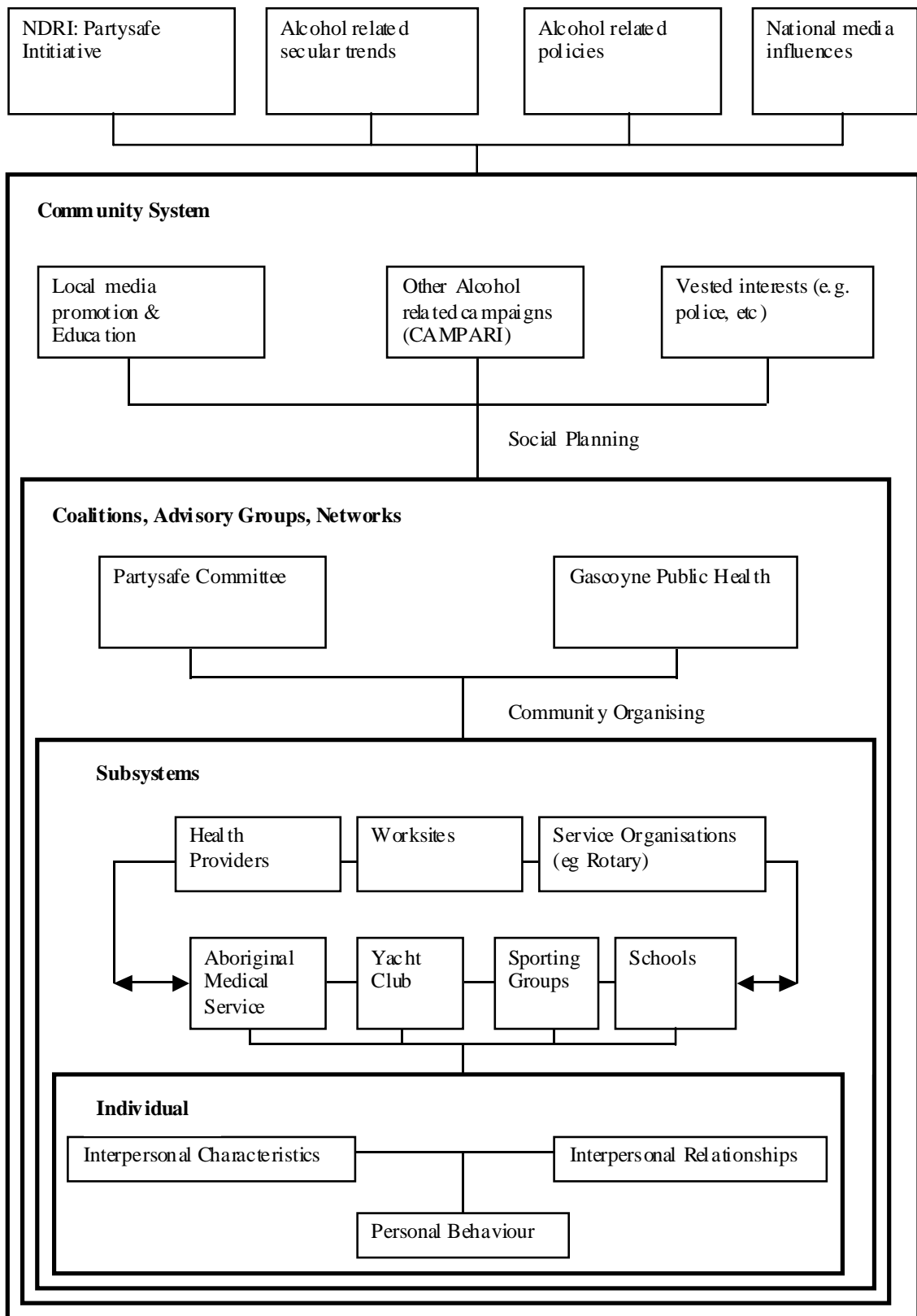
## METHODOLOGY

Recent research points to the benefits of implementing Partysafe as a ‘community mobilisation’ project. Midford & Boots (1998) have outlined a fundamental change occurring in the approach to prevention of drug and alcohol problems. The shift is a movement away from viewing alcohol-related problems as a consequence of individual sickness to a view that recognises the significant role of environmental and community factors. The community can have a role in producing the problem, hence it makes sense that that community’s input may be beneficial in advising a response to the problem. The understanding of the key role communities can play in dealing with health related issues is supported by the Ottawa Charter for Health Promotion (1986).

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies. (p. 3)

In order to guide the selection of community intervention strategies Partysafe needed to adopt a predictive model of what constitutes a community and how communities operate. The most suitable model and one that has guided similar projects incorporates a systems perspective (Thompson & Kinne, 1999) of the community. Within this paradigm the community is viewed as a dynamic social structure that is ‘long lasting, functionally independent, and relatively stable’ (p. 32). There is also recognition that within the system there is some agreement on social norms and goals. Carnarvon, the site for the Partysafe study, aptly fits this definition being an isolated population, relatively independent from other communities’ influences. The diagram in figure 1, adapted from Thompson and Kinne, illustrates our view of the Carnarvon community and the influences upon it. A limitation of this diagram is its appearance of being ‘top-down’. In fact, we view the community as holistically dynamic. That is, all levels of the community feed into, and influence the others. Indeed even the external environment may receive small perturbations from within the target community itself.





**Figure 1: Partysafe’s theoretical model of the community (adapted from Thompson & Kinne, 1999)**

With this underlying model in mind we set about determining the interventions that would be used over the coming twelve months of the project. Along with each intervention there had to be a realistic method of evaluation. Interventions were grouped into types and possible methods of data collection were then associated with these groups. It was acknowledged that a large proportion of the data would necessarily be qualitative. This was due to a number of factors, not the least of which, was the length of the project. Communities take time to change and with only 18 months to implement and evaluate the initiatives, quantitative data may not be sensitive enough to detect the beginnings of any effects on the community. Notwithstanding this, archival data most likely to reflect change in drinking practices was sought for Carnarvon and the control town Kununurra. It was intended that data be gathered from the local hospitals' Accident and Emergency Departments and from the local Police Departments.

In order to determine a specific target group and to gain an awareness of the issues of concern to the community a survey was carried out involving 301 Carnarvon residents randomly intercepted in the main local shopping centre. The survey was designed to give information on five basic questions:

- What alcohol-related issues are of concern to the Carnarvon Community?
- How much alcohol do individuals in Carnarvon consume?
- Who (gender and age) is consuming the alcohol?
- Where is the alcohol being consumed?
- When is the alcohol being consumed?

An important finding from the survey was the identification of males aged 25-45 as a group with a high risk of alcohol-related harm and, subsequently, as the main target group for the campaign. Although the survey also indicated a need for concern regarding younger males use of alcohol, it was felt the age group indicated would be more receptive to the programme as a result of their age and maturity. Males in the 25-45 year age category were also more likely to be long-term Carnarvon residents and to have families. The total harm caused to the community by this target group is thus

likely to be greater than for a younger age group and residential stability means the group can be well accessed by a local prevention intervention.

The survey also indicated a large proportion of the alcohol was consumed on private premises on Friday and Saturday evenings, confirming an original focus of the project.

The following section details the methods of evaluation applied to the Partysafe project. Subsequently these evaluation methods are linked with the proposed community interventions.

## **EVALUATION**

The evaluation of the project was to include both qualitative and quantitative elements and the results of analysing these data sources would be triangulated (Denzin & Lincoln, 1998; Guba & Lincoln, 1989) to provide the best possible picture of the outcomes of the project. In any community there are many influences meaning any cause and effect statements are probably too simplistic. This approach utilises the techniques from two major research paradigms, naturalistic and experimental, allowing qualitative data to reflect upon, enhance, and explain the 'hard' quantitative data. Hence, the evaluation attempts to paint a picture of possible causes rather than attribute results with certainty.

### **1. Community Opinion**

A key method in the evaluation of the effectiveness of Partysafe initiatives was the repetition of the pre-intervention survey. The comparison of pre and post profiles of community opinion with regard to alcohol-related issues provided a substantial gauge of changes in awareness and behaviour, which may be attributed to Partysafe interventions. The post survey contained additional questions to determine community awareness with regard to specific programmes initiated by Partysafe.

Questions highlighted:

- Was there any change in alcohol consumption patterns (quantity, time, location) over the duration of the project?

- Was there any change in the profile of community opinion regarding alcohol-related issues?
- What was the level of awareness within the community of the various promotions and interventions undertaken by the project?
- Did members of the community engage in any behavior change as a result of project interventions?
- Had members of the community understood the message contained in the projects promotional materials and interventions?

## **2. Impact Evaluation**

The Measurement of Alcohol Problems for Policy Project (MAPP) (National Centre for the Prevention of Drug Abuse, 1995) has shown that accident and emergency hospital data collected on weekend nights may be used as a proxy measure for alcohol-related harm. Hence, data for the years 1998, 1999 and 2000 were collected. It was envisaged that by collecting data 2 years prior to the start of the program that it may be used as a control by indicating any seasonal patterns of accident and emergency presentations.

In addition MAPP has shown that incidents of night time (10pm – 6am) car crashes are also a useful proxy measure for alcohol-related harm. These data were also be obtained from Police records for the years 1998, 1999 and 2000.

Archival data were collected for both Carnarvon and the control town Kununurra. It was asked whether there was any observable change in statistical measures of harm (i.e. hospital accident and emergency statistics, car crashes, assault data) over the period of the interventions? These measures were also compared with the control town of Kununurra.

Finally, also from Police records, over the same time period assault data was recorded and analysed as a time series.

Further information regarding these data sources and their utility in measuring the extent of alcohol-related harm may be found in the literature (Midford, Boots, Masters, & Chikritzhs, 1999; World Health Organisation, 2000; Stockwell, Chikritzhs, & Brinkman, 2000).

### 3. Community Mobilisation

Thomson and Kinne (1999) have suggested a number of indicators that could be used to measure the extent of community mobilisation. A subset of these was chosen to be utilised in the Partysafe evaluation process. These indicators included local media coverage, formation of action groups, policy changes, and changes in awareness and concern among community members. This latter indicator has been addressed in the 'Community Opinion' section above. An additional major indicator was to be whether the project over its 18-month duration could gain enough momentum to attract the support of other community groups and thus continue after the initial funding had been exhausted.

#### *A: Media Coverage*

Throughout project implementation a record of all local media reports related to alcohol consumption was kept. Some of these were the result of Partysafe initiatives and others reflected community happenings. Variables such as length, subject, position (in a newspaper), and frequency of articles were recorded. Public awareness of these media reports also gave an indication of the project's impact.

#### **Peer Character Plan**

As an ongoing media presence a cartoon strip aimed at the target group was placed in the local media. This strip humorously recorded the progress of a 25-45 year old male as he realised the impact that alcohol was having on his health and relationships. Over the course of the year the character gradually reduced his alcohol intake and made positive lifestyle changes. However, his progress was not smooth, and he also experienced relapses and setbacks. Community opinion was actively sought and was influential in the development of the character. This media intervention was evaluated principally through community awareness and understanding via a post-survey.

#### *B: Action Groups/Specific Initiatives*

##### **Collaborative Christmas Campaign**

In order to maximise resources Partysafe decided to work collaboratively with other local community-based initiatives. This was an ongoing theme of the project, but was

particularly represented in two collaborative pre-Christmas interventions. The evaluation of these focused upon community awareness of media events. These data were collected via a post-survey and key-informant interviews carried out subsequent to the interventions.

***C: Policy Changes***

Local policy was monitored and changes that impacted on alcohol-related behaviours were noted.

## DATA ANALYSIS AND RESULTS

### INTRODUCTION

The following description of the data analysis is classified by intervention. That is, each intervention is examined and all data, both quantitative and qualitative, is brought to bear upon the intervention in question. The major sources of data were as follows:

1. Pre and post random intercept survey of approximately 300 Carnarvon residents - A stratified random intercept survey (n~300) was carried out in the Carnarvon Boulevard (the major shopping centre for the town) both prior to, and subsequent to, the intervention. A copy of this survey appears in the appendices. The survey gathered data to examine the following variables:

- Demographics – Sex, Age, Occupation, Cultural Background (pre & post).
- Time of alcohol consumption (pre & post).
- Quantity of alcohol consumption (pre & post).
- Location of alcohol consumption (pre & post).
- Statements regarding issues of concern related to alcohol consumption (pre & post).
- Recognition of project radio advertisements (post).
- Recognition of project media promotional materials (post).
- Awareness of project related events (post).
- Behaviour change as a result of media promotions (post).
- Recognition of the Partysafe cartoon character Mac (post).
- Readership of the cartoon (post).
- Importance of local nature of cartoon (post).
- Understanding of cartoon message (post).

The data collected in the surveys afforded analysis of each issue across a number of common variables. Reported below are only those results that proved statistically

significant along with some discussion of possible factors influencing this outcome. Variables across which the analyses were conducted are:

- Gender: Sex of respondent
- Age: Age of respondent
- Target group: was respondent a member of the target group?
- Drinker: Did the respondent consume alcohol on a regular basis?
- Cultural Split: Was the respondent a member of the Aboriginal population?

As most of the data is nominal the Chi squared test was most often implemented with p values being the one associated with the likelihood ratio. In cases where data was of an ordinal nature the Mann-Whitney U test was used to compare pre and post distributions.

Partysafe participated in a joint alcohol-related harm prevention project in both 1999 and 2000 with other community businesses and organizations. This was the Christmas Collaborative Campaign (CCC). Some of the initiatives of this campaign were evaluated utilising the pre and post survey and are described under that heading. However, a description of the overall CCC and an evaluation of some interventions not covered by the community survey appears later in the report.

2. Pre and post key informant interviews - These informants were leaders from a variety of sectors in the local community including health, business, community services (including Aboriginal services), and government. They were chosen because of their awareness of the activities, services, and general social milieu of the town.

The interview was devised subsequent to the initial survey of the general public and hence, targeted issues raised by that survey. Respondents were asked about the following (see appendices for interview schedule):

- Health problems in general
- Alcohol problems in Carnarvon
- Alcohol issues for men



- Awareness of alcohol-related harm prevention programmes and interventions in Carnarvon
- Opinions regarding alcohol-related harm interventions in Carnarvon
- Recent changes in attitudes and behaviour in relation to alcohol consumption
- Awareness of media coverage of alcohol-related issues
- Suggestions for future campaigns

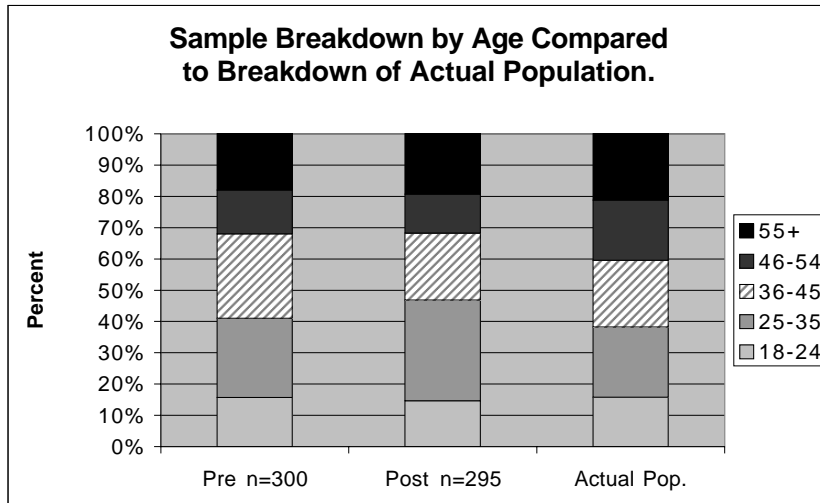
The pre and post interviews were carried out 12 months apart beginning in January 2000. In all there were thirteen pre interviews and ten post. As far as possible the same people were interviewed for their opinions. Where this was not possible an appropriate replacement (eg new person in same position) was interviewed.

3. Archival Data - Time series data was collected from the local Hospitals and Police Departments in Carnarvon and Kununurra (as a control). The data collected was used as a proxy measure for alcohol-related harm. The data collected were presentations at the accident and emergency room, night-time crashes, and incidents of assaults.

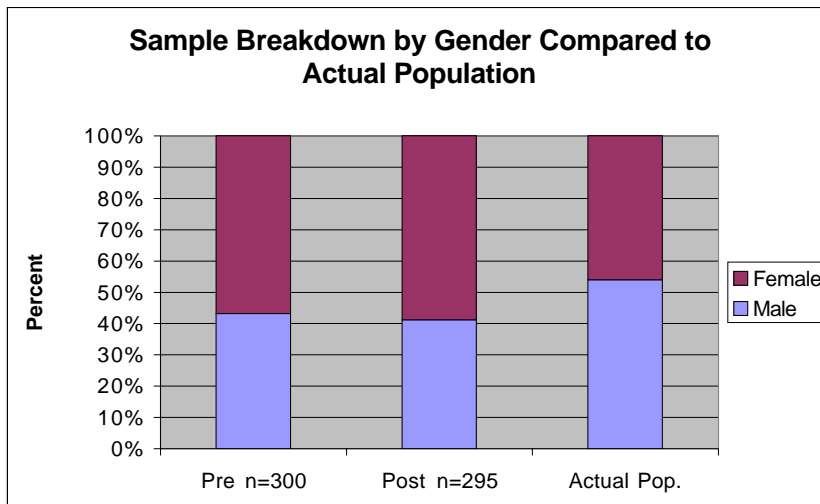
## **DATA ANALYSIS**

### **Demographics**

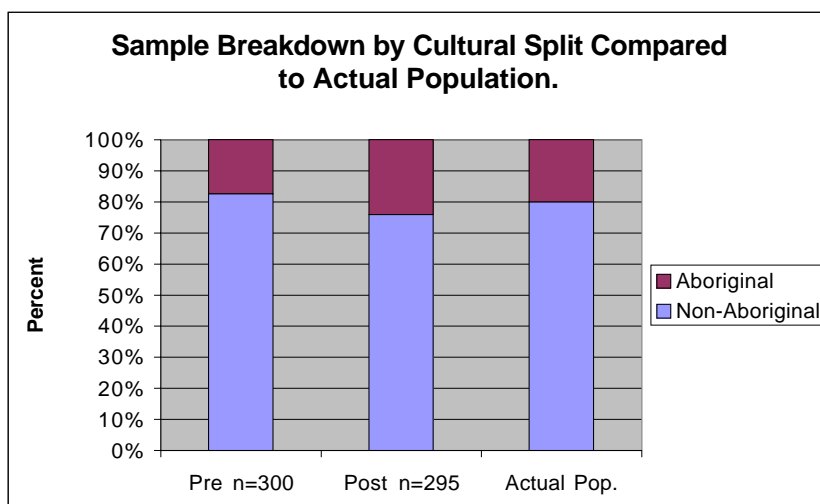
Figures two, three, and four indicate the breakdown of the samples from the pre and post surveys compared to the Carnarvon Population. The samples were stratified according to age, sex, and cultural status to allow for a better comparison between pre and post surveys and also to reflect the structure of the actual population. In general terms this was achieved, however, time constraints meant it became necessary to complete the interview process rather than wait for candidates to fill specific categories. This explains variations particularly in some age categories. The random-intercept interviews were carried out in the local shopping centre during working hours. This is a further explanatory factor for the discrepancies between sample breakdown and the actual population (for example more women were interviewed than men, compared to the actual population, due to the time/location).



**Figure 2: Age distributions for the pre and post surveys**



**Figure 3: Gender distributions for the pre and post surveys**



**Figure 4: Cultural distribution for the pre and post surveys**

## Identification of Target Group

In terms of alcohol consumption respondents were classified using the following question from the survey.

### 5. Do you drink alcohol on any of the following days:

	Time	Quantity	Location
<b>Mon-Thurs</b>			
<b>Fri</b>			
<b>Sat</b>			
<b>Sun</b>			

AM=1, PM=2, Evening=3

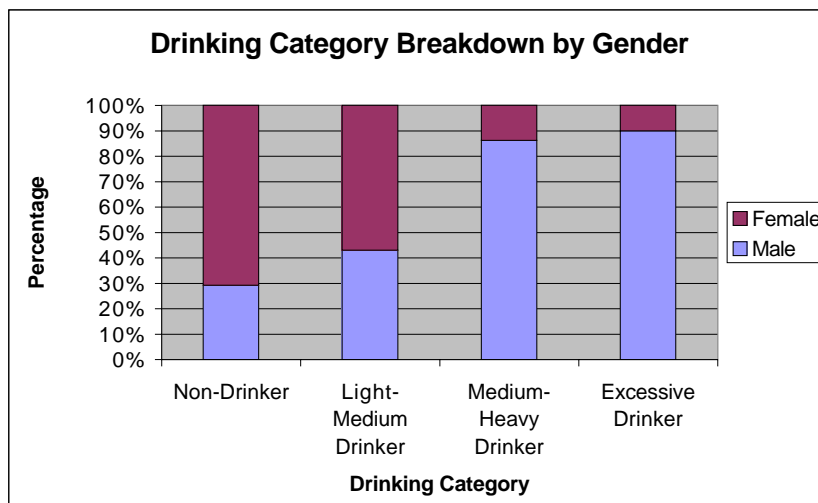
0=0, 1-5=1, 6-10=2, 11+=3

Licensed=1, Private Residence=2, Workplace=3

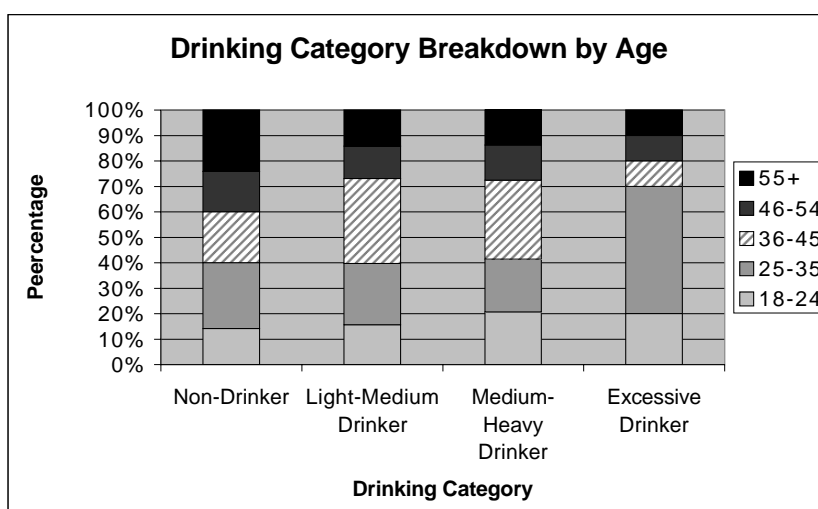
Each cell contained either a 0, 1, 2 or 3. In terms of alcohol consumption, respondents were asked how many drinks (not standard drinks) they would usually consume in each of the categories Mon-Thurs, Fri, Sat, and Sun. 1-5 drinks was coded as 1, 6-10 was coded as 2, and 11+ was coded as 3. To arrive at the classifications in the graphs below respondents were re-classified by totalling their quantity column giving a score between 0 and 12. These scores were then divided as follows:

- Non-Drinker: Score of 0
- Light-Medium Drinker: Score of between 1 and 4 inclusive.
- Medium to Heavy Drinker: Score of between 5 and 8 inclusive
- Excessive Drinker: Score of 9-12 inclusive

On the basis of the following two graphs males aged between 25 and 45 were selected as the target group for this project.



**Figure 5: Breakdown of drinking category by gender.**



**Figure 6: Breakdown of drinking category by age.**

Figure 5 clearly shows that the major alcohol consumption problem lies with the males. The second graph (Figure 6) shows that a large proportion of the 'Excessive Drinker' category lies in the 25-35 age group. The 'Medium-Heavy Drinker' category is also dominated by the 36-45 year age category. Combining these age categories covers a significant portion of those who are drinking to dangerous levels in Carnarvon. There is

also reason for concern regarding the 18-24 age group but it was decided to target the 25-36 years olds for the following reasons:

- People in this age range have the means and often the desire to change.
- Harm caused in domestic situations is likely to be higher in this age range.
- The 36-45 year age group is more stable residentially and thus more likely to participate in community mobilisation type activities that would be run later in the Partysafe program.
- The 18-24 age group would still benefit from the media materials as well as the campaigns of other groups (eg state, national campaigns, etc).

### **Total Quantity of Alcohol Consumed**

**Despite an overall increase in alcohol consumption in the community between the pre and post survey there was no statistically significant increase in consumption amongst the males in Carnarvon.**

Alcohol consumption for each respondent was summed for all days reported to obtain a measure of overall consumption ranging from 0-12. The resulting distributions formed for the pre and post survey were compared, and the difference between them was found to be statistically significant ( $p=0.001$ ). Larger consumption rates were associated with the post-survey indicating more consumption of alcohol than at the beginning of the study. A possible explanation for this is the timings of the surveys. The pre-survey was carried out in November prior to the holiday season, whereas the post-survey was carried out in January at the height of the holiday season. However, the increase in consumption was mainly attributable to females (there being no statistically significant change in male consumption). While the evidence is not conclusive and attribution of cause and effect is difficult, the result does suggest the Partysafe interventions have had a positive effect on the males of the population.

**Table 1: Drinking categories from pre and post surveys**

Drinking Cat.	Non-Drinker	Light-medium	Medium-heavy	Excessive
Pre Survey	120	142	29	10
Post Survey	85	153	44	14

Interestingly, Aboriginal consumption showed no statistically significant change between the two surveys. This suggests that Aboriginal consumption may remain fairly constant regardless of season compared with fluctuations in consumption in other parts of the community. However, this conclusion requires further investigation due to effects from the smaller sample size of the Aboriginal population.

### **Day and Time of Alcohol Consumption**

**More afternoon drinking was identified in the post survey. This is most likely due to the post survey being carried out in the holiday season.**

Data was collected to examine the day and the time of day that alcohol was being consumed. Time of day was categorised into morning, afternoon, and evening. Pre-survey results indicated that alcohol was predominantly consumed in the evenings with Friday having the largest consumption rate. However, the post-survey indicates a shift in drinking patterns to include more afternoon drinking on Friday, Saturday, and Sunday. The simplest explanation for this is that the post survey was carried out during the holiday season when people have more time to consume alcohol in the afternoons.

Other aspects of these variables were unchanged between the two surveys.

## Campaign Radio Advertisements

**Radio advertisements were an effective way of reaching both the Aboriginal and non-Aboriginal populations. The advertisements were particularly recognised by those that were consumers of alcohol. Using local people to deliver the message was particularly effective.**

A series of voice advertisements were written and recorded by community identities as part of the Christmas Collaborative Campaign. The messages promoted safety, responsible alcohol consumption and behaviour, safe sex, and carried a slogan “Don’t just live a little – live a little more”. The advertisements ran from December 6 2000 until January 3 2001. Approximately 60 advertisements were run during this time period. Representatives from the following groups and organisations made recordings:

- Carnarvon Partysafe
- St John’s Ambulance – Carnarvon sub centre
- Collins Cabs
- Roadwise
- Police Service
- Hotels
- Aboriginal Medical Service
- School students (one male group and one female group).
- Community Policing

In addition to these radio advertisements two pre-recorded interviews went to air, one on November 29, “What is the Collaborative Campaign”, and one on December 5 that promoted Partysafe and Glenn Swift’s visit to Carnarvon. Glenn is a story teller who participated in delivering harm-reduction messages to the community.

Based on the optimistic assumption that 50% of the population are expected to hear radio advertisements the percentage that heard the CCC advertisements (60%) was statistically significant ( $p=0.0005$ ). Furthermore amongst drinkers 65% heard the

advertisements ( $p < 0.0001$ ) and the hypothesis that being a drinker and hearing the advertisements were independent was rejected ( $p = 0.008$ ). This suggests there is a positive relationship between being a drinker and having heard the advertisements. This data is illustrated in Table 2.

**Table 2: Relationship between being a drinker and hearing the advertisements.**

	Non-drinker	Drinker
Heard ads.	41	136
Didn't hear ads.	44	74

There was no difference in this media between Aboriginal recognition of the advertisements and the remainder of the population which, given the fact the Aboriginal population did not recognise the print media promotions as well as non-Aboriginals, means that the radio advertisements may be an effective means to reach the Aboriginal population.

Of those that heard the advertisements 22% could recall an identifiable particular advertisement. There was no statistically significant difference between Aboriginal and non-Aboriginal recall of specific advertisements.

An important element of the advertisements was the local content. Many survey respondents recalled actual names of community members they had heard on the radio. Importance of the use of local people was confirmed by the key informant interviews. Following are some typical responses:

*Liked the radio ads trying to identify who it was. Positive comments from Police and Aboriginal Medical Service.*

*Yes, recognition of people doing the ads. Lots of positive feedback.*

*Lots of people heard the radio ads. Was fun to hear people they knew.*



## Newspaper Media

**Recall, of articles was strong (86% of people recalled at least one article) suggesting that local newspapers are a sound method of reaching the population. However, evidence also suggests that newspaper media is less effective in reaching the Aboriginal population.**

Throughout the Partysafe project articles promoting safe partying, responsible hosting, and responsible alcohol consumption were placed in the local press. Three of these, covering various issues, were shown during the survey and respondents asked which of them they recalled. The articles were drawn from the two different local newspapers and can be viewed in Appendix 3.

Article 1: Full page Partysafe Advertisement in Carnarvon Classies

Recognition: 31%

Article 2: Quarter page Partysafe Advertisement in Northern Guardian

Recognition: 26%

Article 3: Article + photo of local workers in Northern Guardian.

Recognition: 41%

With the two articles in the Northern Guardian there was a statistically significant difference ( $p=0.01$ ) between Aboriginal and non-Aboriginal recognition of the advertisements. This may suggest that this is not the best media for reaching the Aboriginal population.

**Table 3: Recognition of Articles in the Northern Guardian**

	Both Articles (%)	One Article (%)	Neither Article (%)
Non-Aboriginal	21.5	31.8	46.6
Aboriginal	10	21.4	68.6

Article 3 was most highly recognised. This may be related to the fact it had a photo of local people or perhaps simply that it was the most recently published of the three test articles.

### **Low Alcohol Beer Promotion**

In the lead up to Christmas there was a low alcohol beer promotion held by Woolworths and Al's liquor store. This competition formed part of the Christmas Collaborative Campaign and was designed to encourage the purchase of low alcohol beer and wine. The survey indicated that 21% of the population were aware of this promotion, however, the low number of competition entries (31) indicated that this was not a successful promotion.

### **Glenn Swift Story Telling**

Glenn Swift, a Western Australian storyteller, was invited to come to Carnarvon to assist in a night of interactive entertainment held at the Tropicana Tavern (a local bar). The evening was designed to challenge the social norms of a good night out in Carnarvon and was promoted with the phrase "And now for something completely different". The evening promoted the 'Drinksafe' message and utilised merchandise from the 'Think Before you Drink' state campaign (donated by the Health Department of WA). Bar staff wore T-shirts carrying the slogans 'Think Before You Drink' and 'Drug Aware'. A variety of entertainment was provided along with Glenn's story telling. The event emphasised that alcohol can enhance a social event without being the

event's focus. The evening, while being enjoyed by all, was only attended by 25 people, which was disappointing for the organisers.

Glenn Swift also conducted sessions at the local primary schools and in the Carnarvon library. Around 300 children attended these events and Glenn's stories contained messages about keeping safe, looking after the environment, good manners, and having fun.

Thirsty-four percent of people surveyed were aware that Glenn Swift had visited Carnarvon as part of the Christmas Collaborative Campaign. This suggests reasonable awareness of the safe-drinking message, even though active participation in activities was low.

### **Driver Reviver**

The Driver Reviver campaign was conducted in Carnarvon over the Christmas/New Year period. Specifically drivers were stopped on 27th December 2000 (104 vehicles stopped) and January 2 2001 (110 vehicles stopped). Vehicles that were stopped were given an information pack about Carnarvon some Roadwise car fresheners and a pack of two biscuits for each person in the car. The car driver was offered tea, coffee or water as well as biscuits and was subjected to a preliminary breath test. This event has a high recollection factor in the community with 62% of survey respondents being aware of this event. Aboriginal awareness was statistically significantly less ( $p=0.002$ ) for this intervention compared to the non-Aboriginal population.

### **Behaviour Change**

Ten percent of survey respondents indicated that they had changed their behaviour as a result of promotional materials and activities over the Christmas period.

After being asked about the above promotions respondents were asked whether, as a result of these promotions, they had changed their behaviour over the Christmas period. A total of 10% responded that they had changed their behaviour. This is an encouraging percentage. Aboriginal people were more likely to report a change of behaviour than non-Aboriginals. This difference was statistically significant ( $p=0.007$ ).

## Community Concerns

Both the pre and post surveys included a question in which respondents were asked to state what alcohol-related issues or problems existed in Carnarvon. These pre and post lists were compared in order to examine any changes that had occurred in community opinion over the course of the Partysafe interventions. Analysis concentrated on the respondent's first answer as representing the most pressing issue for that particular person. Table 4 and the following discussion highlight the significant areas of opinion change.

**Table 4: Changes in perception regarding alcohol related issues.**

Issue	Pre-Survey % n=273	Post Survey % n=296
Street Drinking	23.1	12.2
Violent or aggressive behaviour	12.8	6.8
Number of liquor outlets	1.1	4.1
Domestic Violence	6.2	1.4
No Alcohol issues	2.9	14.5

### Issue 1: Street Drinking

There was a statistically significant ( $p=0.004$ ) change in the number of people who reported that street drinking was an issue in Carnarvon. In the pre survey 63 people stated street drinking as the first issue that came to mind, whereas in the post survey this dropped to 36 people. During the year the Police Department have addressed the problem by preventing street drinking in prominent locations in Carnarvon. This action may be the reason for the statistical change observed in community opinion. This can be seen as a positive change for the Carnarvon community. It is important, however, that the community does not overlook less visible harms and is educated regarding the burden this imposes.

## Issue 2: Violent or Aggressive Behaviour

Less people in the post-survey reported violent or aggressive behaviour as the first alcohol issue that came into their mind ( $p=0.014$ ). There was no clear-cut source of the variance between the two surveys. Statistically significant differences were found in the following groups (all of which reported violent or aggressive behaviour less often in the post survey):

Non-Aboriginal ( $p=0.04$ )

Females ( $p=0.036$ )

Those not in the target group ( $p=0.031$ )

Drinkers ( $p=0.014$ )

While it is difficult to identify a particular source of the variations in this result it is nonetheless encouraging that many people are feeling safer on the streets of Carnarvon. This may be related to a reduction in visible street drinking as already discussed above.

## Issue 3: Number of Liquor Outlets in Town.

More people in the post survey reported that there were too many liquor outlets in town ( $p=0.023$ ). There was no specific source for the variance between the two surveys obtainable from further analysis of the data. This result may indicate an increase in community concern prompted by the higher-priority of alcohol issues in the local media over the last year. However, although statistically significant, the numbers associated with this result were small (with a swing from 1% of respondents in the pre-survey to 4% in the post survey) meaning the result should be interpreted with caution.

## Issue 4: Domestic Violence

A statistically significant change was observed in the number of people reporting domestic violence as the first issue that came to their mind ( $p=0.0015$ ). All of this

change came from the non-Aboriginal population. Encouragingly, while male opinion did not change, females reporting this as an issue had significantly dropped ( $p=0.004$ ).

#### Issue 5: There are no Alcohol Issues in Carnarvon

A large increase occurred in the post survey in the number of people that reported there were no alcohol issues in Carnarvon ( $p<0.0001$ ). While this could conceivably be interpreted as favourable, in fact, it is likely to be the opposite indicating a lower awareness of alcohol issues than would be desirable after an intervention such as the Partysafe campaign. We know that alcohol still causes a lot of harm in Carnarvon so it is concerning that there has been a change indicating less people are perceiving it as an issue. This suggests that there is still much work to be done in raising people's awareness of the harms alcohol brings to the Carnarvon community.

### **Mac – Peer Character Cartoon**

#### *Background*

A major intervention of the Partysafe Project was an ongoing cartoon in the local press starring a character named Mac. Mac was intended to be representative of a local Carnarvon community member from the target group. He recognises he has a problem with alcohol and, over time, modifies his behaviour. The cartoon was drawn in such a manner as to make Mac's cultural background ambiguous. He could have been either indigenous or non-indigenous (although it appeared most readers assumed him to be non-indigenous). Mac had a partner and two children meaning that his errant behaviour affected more than just himself. His partner, while not being an initiator of change in Mac, also provided support when Mac began to change his lifestyle. It was considered important that Mac make changes himself and not as a result of nagging or pressure from his partner (although she was clearly annoyed by his actions). The cartoon, while humorous, was intended to be realistic and represent achievable lifestyle change. Hence, Mac's path to recovery was not smooth and involved setbacks. The plots of the cartoons revolved around Mac's family, work, and friends. Two of Mac's friends were featured regularly in the cartoon:

Rooster – Rooster was an indigenous character who was not a huge drinker and was a family person. He acted as a support for Mac's lifestyle changes and pulled Mac up on occasions. It was Rooster's advice that steered Mac towards counselling. Rooster was drawn as an indigenous character to avoid reinforcing the community stereotype that the indigenous community consume the most alcohol.

Deano- Deano was non-indigenous and a drunk. He was often made fun of in the strip and hangs around on the fringes with no real friends. Deano makes no changes in his lifestyle and Mac becomes less tolerant of his drunken behaviour as the strip progresses. Deano is going nowhere in life. He has a son who is following in his footsteps.

Local characters such as the Public Health Drug and Alcohol counsellor were also written into the cartoon and these editions were particularly popular with the public. Mac also attended local events that were occurring in the community at the time of that particular edition's publication.

During the course of the cartoon Mac took on an almost real-life persona and was a frequent topic of conversation in the community.

Other rural communities have become aware of the Mac intervention and there are currently 5 country towns interested in using the Mac concept. The series of cartoons will be delivered to them and they have been placed in contact with the artist so they can make changes in order to make the cartoon relevant to their local community. It is the 'localness' of Mac that is critical so it is hoped that these other communities put some thought into what makes their area unique and write this into the strip.

See Figure 7 for an example of the cartoon strip.

### ***Recognition***

Mac was recalled by 65% of those surveyed. This was based on aural cues (they were told Mac was a cartoon character from the local press) alone as no illustrative picture of Mac was shown. Had a visual cue been provided it would be reasonable to expect that a higher percentage of respondents would have recalled the cartoon. No other factors

including gender, drinking, or membership of the target group affected the recall of the cartoon. However, recall amongst Aboriginals was significantly lower ( $p=0.0013$ ).

### Readership

Of those that recalled the cartoon 70% reported that they read it each week.

### Understanding

Of those that recalled the cartoon 60% were able to clearly state the message portrayed in the cartoon.



Figure 7: The first edition of the Mac cartoon

## ARCHIVAL TIME SERIES DATA

### Time Series Data

The following three sections describe archival time series data collected from the local hospitals and police from Carnarvon and Kununurra. These data were examined for trends both over time and post the intervention period. The data was adjusted for population size in order to allow better comparison between the communities. In all



cases there was no significant trend or change in trend (post intervention). This was expected due to the short time frame of the interventions. Where a regular cycle appeared apparent this has been described in the relevant section.

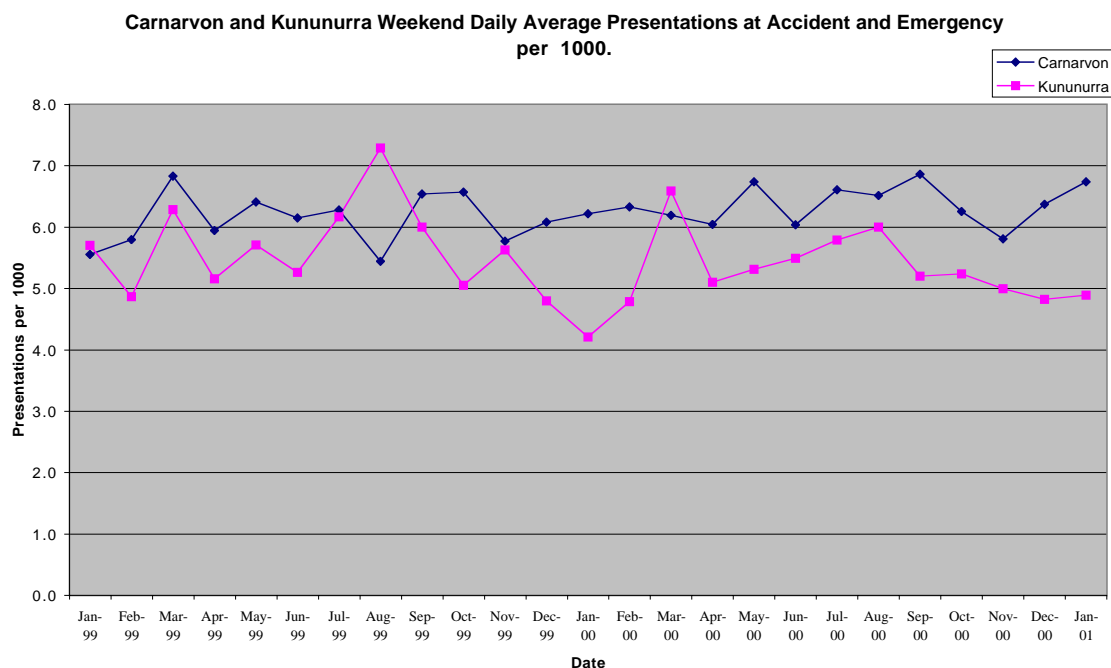
The data will be of greater value in the future for continuing studies in Carnarvon (or Kununurra). Here it can provide a baseline with which to compare future results.

### **Accident and Emergency Data**

Data was collected from the Accident Emergency Departments of the local hospitals at Carnarvon and Kununurra (control town). This data was used as a proxy measure for alcohol-related harm. Previous studies indicate that after midnight as much as 70% of weekend presentations at Accident and Emergency Departments are alcohol-related (Cherpitel, 1993; Holt *et al.*, 1980). However, given the relatively short time frame for the study, no change was expected in this type of data and this is what was observed with negligible trends in both of the data sets. The data illustrated in the graph below indicates the average number of presentations per day over the weekend (Midnight Friday to Midnight Sunday).

Data collected from these sources is also somewhat suspect due to problems with the reliability of data entry at the hospitals. Reports from the hospitals indicated that nurses see their job as treating patients and not as data entry operators. Hence, when hospitals are busy data entry is a secondary consideration. Kununurra Accident and Emergency also changed its methods of data collection during this time period and although attempts have been made to compensate for this, errors may have been introduced. Recently a new system has been put in place by Health Department - the Injury Surveillance Form. This is intended to collect much more detailed data on presentations at Accident and Emergency Departments. While this is encouraging, there have already been reports from Carnarvon that these forms are not being filled in thoroughly for the reasons given above.

Future studies would benefit from considering the more formal data relating to patients actually admitted to hospitals, although this may not account for the more easily treatable alcohol injuries.

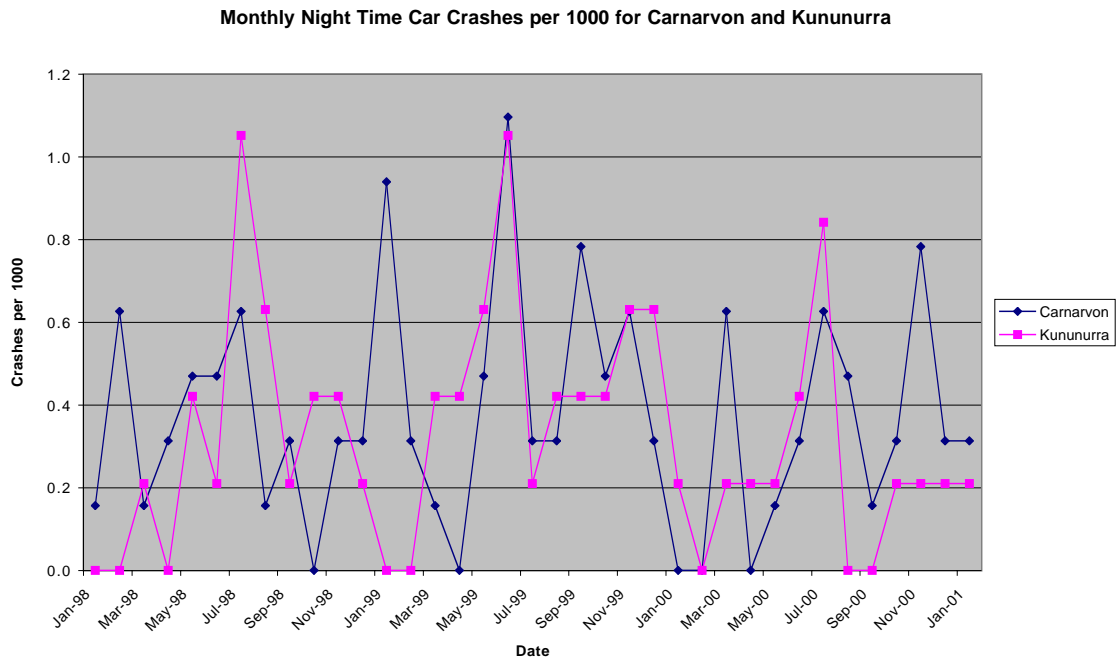


**Figure 8: Presentations of accident and emergency for Carnarvon and Kununurra Jan. 1999 – Jan. 2001**

### Car Crashes in Carnarvon and Kununurra

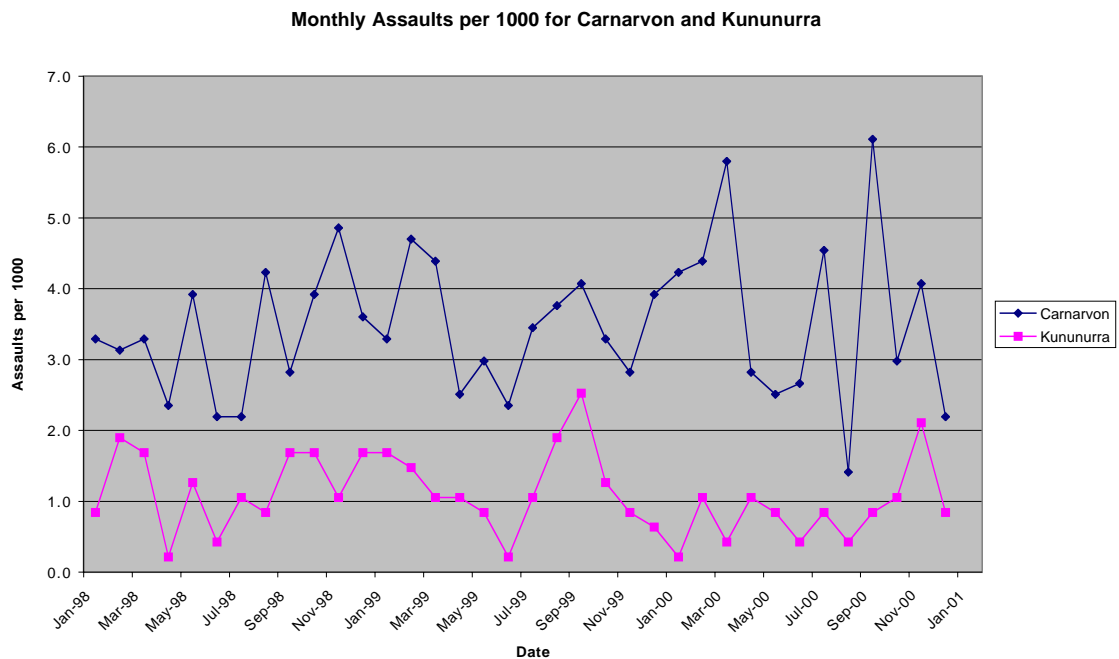
Night-time car crash data (another proxy measure for alcohol-related harm) for the two towns does not exhibit any trends. The small monthly totals for car crashes from these towns make analysis difficult.

Carnarvon night-time crashes peak regularly in July and January between 1998 and January 2001. Kununurra only appears to peak during the month of July with the Christmas season being, if anything, lower than the rest of the year.



**Figure 9: Night time car crashes for Carnarvon and Kununurra Jan. 1998 – Jan. 2001**

**Assaults in Carnarvon and Kununurra**



**Figure 10: Assaults occurring in Carnarvon and Kununurra Jan. 1998 – Jan. 2001**

Assault data in both Carnarvon and Kununurra shows no significant changes between January 1999 and January 2001 which includes the time period of the study. Figure 10 above illustrates the data.

## **CHRISTMAS COLLABORATIVE CAMPAIGN 1999/2000**

Following is further information regarding the Christmas Collaborative Campaign not mentioned earlier in the report. This initiative was not a direct responsibility of Partysafe, but the project was a substantial contributor, both in planning and execution. The collaboration process is a good example of community mobilisation in action.

The first Christmas Collaborative Campaign (CCC) was held in the summer of 1999/2000. The Carnarvon business community joined forces with the Gascoyne Public Health Unit, Midwest Drug Service Team, and Curtin University (Partysafe) to reduce the alcohol-related harm during the festive season. The objectives were (as stated by the CCC committee):

- To facilitate a community development approach.
- To challenge local behavioural norms through environmental and social change.
- To increase investment in social capital.
- To encourage appreciative inquiry.
- To create a foundation for ongoing partnerships with Licensees.
- To initiate a positive partnership with the Clerk of Courts.
- To ignite social conscience within local business community.
- To develop a less traditional focus on health and well being.

Local business and government agencies were invited to contribute to the development of a range of positive strategies to achieve the above objectives. These were classified under the headings of media, nutrition, alcohol consumption, public health and safety, and transport. These strategies are listed below:

### **Media**

- Series of voice advertisements written and recorded by community identities.
- Series of ongoing print editorials and advertisements during the Christmas/New Year period.
- Support from, and integration with, existing regional and statewide campaigns such as 'No Bull' and 'Think before you drink'.

- Nutrition
- Liaison with licensees in provision of better quality bar snacks.
- Bar snacks to be provided at a more 'customer-friendly' time.
- Healthy snack tips pamphlet developed and distributed through takeaway liquor outlets.

### **Alcohol Consumption**

- Promote the purchase of low alcohol products through prize give-a-ways in liquor outlets and commitment from licensees to actively promote low alcohol sales.
- Encourage the consumption of water via the placement of a refrigerated dispenser in licensed premises.
- Reinforce responsible serving practices through increased dialogue with Licensees.
- Develop Licensee Responsibility Package to be distributed to occasional license applicant by the Clerk of Courts.

### **Public Health and Safety**

- Provision of all night lighting in town centre.
- Commitment of Police to increase all night patrols.
- Increased presence by Yamatji (Aboriginal) patrol.

### **Transport**

- Police liaison with roadhouses encouraging the provision of free coffee to drivers.
- Donation of vouchers by local taxi company.

### **Results and Outcomes of the Campaign**

Perhaps the most significant outcome of the 1999/2000 CCC was the development of a number of strong partnerships as a result of the parties working together on this successful campaign. The collaborative partnerships demonstrated that, with shared

purpose and good will, objectives could be achieved and this strengthened community spirit.

There were also some positive harm-related statistics to come out of the campaign. These were the result of simple comparisons to the previous holiday season. However, crash statistics and domestic violence reports were based on extremely small numbers so caution should be exercised in attributing these results necessarily to the campaign:

- Number of incidents reported to Police reduced by 300.
- Incidents of domestic violence reduced by 30% (statistic based on small numbers).
- Motor vehicle accidents reduced by 50% (statistic based on small numbers).

The success of the first CCC became a catalyst for the community to become mobilised and make a commitment to implementing the event again in 2000/2001 (see below). The 1999/2000 campaign was the eventual State winner of the Prime Minister's Award for Excellence in Community/Business Partnerships and, in addition, had these other outcomes:

- Commitment from Local Government to continue year-round street lighting in the town centre.
- Responsible Server Training developed for bar staff.
- Support from Licensees for delivery of Responsible Server Training.
- Permanent placement of water dispenser in licensed premises.
- Commitment of Clerk of Courts to the reinforcement of Licensee responsibility for occasional license applicants.

### **Christmas Collaborative Campaign 2000/2001**

The CCC of 2000/2001 kept essentially the same objectives as the campaign of the previous year. However, the campaign while still addressing the community in general concentrated more on males in the 24-45 year age group. A greater evaluation component was also present in the 2000/2001 campaign and issues related to these

interventions were covered in Partysafe's final community survey. The various events are described and evaluative comments made below.

### **Community Events**

Glenn Swift

Reported previously.

#### **Sandhurst Tavern Christmas Party**

The CCC decided to run a Christmas party in conjunction with the Sandhurst Tavern (another local bar). The rationale for this event was that by encouraging events such as these, drinking is taking place at a venue that has the legal capacity to supervise the consumption of alcohol (the problem drinking in private residences was a focus of the Partysafe campaign), and the infra-structure to supply quality food along with the alcohol. Volunteers from Gascoyne Public Health Unit, Partysafe, and COMPARI supported the event. The function was held at an outdoor venue and the use of hats and sunscreen were promoted. Families were provided with Christmas recipes, fruit and vegetable information, and guides to physical activities for children. Beer consumed at the function was, in the main, mid-strength. Most families purchased food from the bar kitchen, which was open for the event. The overall result was an excellent example of how a community event can be planned in conjunction with a hotel to produce mutually satisfying results. That is, a controlled, family oriented, drinking environment, and a profitable event for the hotel bringing them good publicity.

Media

Reported previously.

### **KEY INFORMANT INTERVIEWS**

Part of Partysafe's evaluation consisted of pre and post interviews with key informants from Carnarvon. These informants were leaders from a variety of sectors in the local community including health, business, community services (including Aboriginal

services), and government. They were chosen because of their awareness of the activities, services, and general milieu of the town.

The interview was devised subsequent to the initial survey of the general public and hence, targeted issues raised by that survey. Some issues have already been covered earlier in the report. In addition, respondents were asked about the following (see appendices for interview schedule):

- Health problems in general
- Alcohol problems in Carnarvon
- Alcohol issues for men
- Awareness of alcohol-related harm prevention programmes and interventions in Carnarvon
- Opinions regarding alcohol-related harm interventions in Carnarvon
- Recent changes in attitudes and behaviour in relation to alcohol consumption
- Awareness of media coverage of alcohol-related issues
- Suggestions for future campaigns

The pre and post interviews were carried out 12 months apart beginning in January 2000. In all there were thirteen pre interviews and ten post. As far as possible the same people were interviewed for their opinions. Where this was not possible an appropriate replacement (eg new person in same position) was interviewed.

### **Health Problems in General**

Fifty percent of respondents mentioned alcohol as a serious problem in the pre-interview. The respondents were not prompted or cued. This was followed by nutritional and related problems such as heart disease. Other health issues mentioned were cancer, diabetes, suicide, smoking, and emotional problems. The post interviews followed much the same pattern with regard to alcohol. However, among the other issues mentioned obesity and related problems such as heart disease were more prevalent.



Following the question regarding health issues in general, respondents were asked about the seriousness of alcohol as a health problem in Carnarvon. The post-intervention responses indicated increasing awareness of the seriousness of alcohol as a health problem. This suggests that the educational interventions in place from Partysafe and other organisations, particularly those involved in the Christmas Collaborative Campaign, had an effect on opinion leaders in the community.

### **Alcohol Problems in Carnarvon**

Respondents seemed very aware both in pre and post surveys of the importance that local norms/culture play in supporting alcohol over-consumption in Carnarvon. Phrases used included 'frontier attitude, 'obligation to drink with others', 'children grow up accepting alcohol as the norm', 'considered masculine to drink', 'deep embedding in culture of Carnarvon', and 'northern mentality'. This suggests the importance of addressing these norms in future projects.

### **Alcohol Issues for Men**

Respondents' assessment of alcohol issues for men was very similar to their statements regarding alcohol issues in general. Issues did not change from the pre to post survey and there was a large emphasis on social/cultural expectations and norms. Secondary concerns were related to weight gain and consequent health problems.

### **Awareness of Alcohol Related Harm Prevention Programmes and interventions in Carnarvon**

The survey indicated a greater awareness of local campaigns in the post survey as indicated by the following figures (the pre survey was carried out in January 2000 just subsequent to the beginnings of Partysafe and after the first Christmas Collaborative Campaign).

Table 5 illustrates not only the growth in awareness of the Partysafe and CCC interventions, but the impact that the local projects had compared to State and National campaigns, which were barely mentioned in the post survey. Interestingly awareness

regarding the Mac cartoon, one of the Partysafe interventions, was 100% in the post survey. This again supports the concept of local projects and content.

**Table 5: Awareness of harm prevention interventions**

Campaign	Pre % n=13	Post % n=10
Partysafe	38	70
Christmas Collaborative Campaign	15	60
State Campaign	8	0
National Campaign	23	20

Another fact of interest is that the 13 people interviewed in the pre survey named 16 different programmes they were aware of whereas the 10 people from the post survey named 24 different programmes. This again indicates a greater awareness of alcohol-related harm prevention programmes in the post-survey. All but two of the post respondents were aware that Partysafe was targeting men's drinking in particular.

### Awareness of Specific Interventions Among Key Informants

- Newspaper ads/editorials (Partysafe & CCC) 70%
- Radio advertisements 90%
- Low al beer promotion 30%

### Opinions Regarding Alcohol Related Harm Interventions in Carnarvon

The key informants' opinions regarding the CCC in general were uniformly positive with several comments about the significance of community collaboration. Quotes follow:

*Has been more effective and practical collaboration between agencies and the business community has ignited a social conscience. The promotion and education is more realistic.*

*Has gotten people and groups together in a joint project. This is always better than going it alone.*

*Has been great. Increased people's awareness of drinking issues and encouraged some collaboration amongst the community organizations.*

**Key informant Suggestions for Future Programmes**

The major suggestion made by key informants was to alter the programme so that it addressed the younger members of the community - possibly targeting schools prior to the summer holiday season beginning. The feeling was that the current format did not cater to the younger audience. This is not surprising considering the most recent CCC targeted men in the 25-45 year age group.

## DISCUSSION

The major beneficial impact of the Partysafe project was the high level of awareness created within the community. Of particular interest was the effectiveness of local content in attracting community attention to the project's message of reducing alcohol-related harm. This finding reinforced those of earlier studies that pointed to local campaigns being more effective in producing change than national projects, which are of necessity targeted towards major population centres.

Community interest was most evident in the 'Mac' cartoon. This illustrates the valuable role that using local characters, settings, and events played in engaging the community's attention in consideration of the Partysafe messages. A high proportion of survey respondents not only recalled the cartoon, but also claimed to read it each week, and were able to express the 'message' it encapsulated. Compared to the use of television the cartoon was an inexpensive, interactive, and on-going method of presenting the Partysafe message. Furthermore, the weekly nature of the strip meant the issues were continually before the Carnarvon community and the interest generated resulted in valuable discussion amongst the readership. A weekly, and evolving, intervention of this type has the benefit of being able to be extremely responsive to community events, issues, and feedback. The immediacy of this feedback loop gives it a major advantage over comparatively static national and state campaigns. While Mac grew and changed with the Carnarvon community the national TV advertisements were simply repeated. Another advantage of the 'Mac' intervention is the ease with which it can be adapted to other rural communities. Already a number of other locations have requested to utilise the idea, and dissemination of the concept has begun.

A second initiative that highlighted the utility of local content was the CCC radio advertisements. These advertisements utilised local personalities and were notable for their effectiveness in bringing attention to the measures suggested for reducing alcohol-related harm. Particularly relevant was the high percentage of drinkers who recalled the advertisements. The recall seemed to be closely linked with the recognition of local personalities' voices heard in the advertisements. Some pleasure was attached to either hearing someone that was known, or else trying to guess whom the person could be.

Further value was added to this form of promotion by the fact that the Aboriginal people surveyed recognized this media above newspapers.

These results suggest measures that may be successfully applied in similar communities and are thus recommended for trial in future programmes. The key elements were local content and a mode of delivery appropriate to the majority of the population.

Also encouraging were the changes in community opinion regarding street drinking, aggressive behaviour, and domestic violence. These results show people are feeling safer around Carnarvon. While this is an excellent starting point, a longer analysis of the changes is required to assess whether the decreased visibility of such problems truly shows a decline in this behaviour. The reduction in visibility may also satisfy the community as it has tended to view alcohol problems as strongly linked to street drinking. However, street drinking is not necessarily associated with the most serious harms resulting from alcohol abuse. It is these less visible harms that need to be addressed in ongoing interventions in the region.

The short-term nature of the Partysafe project means the gains made in the 18 month life of the programme may serve as a basis for on-going strategies in the drive to reduce alcohol-related harm. In the same manner, the archival data, which didn't reveal specific trends in the 18 months for which it was gathered, forms a solid foundation for comparison in future studies.

In addition to the above, a major emphasis of the campaign was to mobilise the Carnarvon community to work cooperatively in minimising alcohol-related harm. This was comprehensively achieved. Partysafe, working with the Gascoyne Public Health Unit, proved to be a strong force in developing awareness and effecting changes in a diverse community. Evidence for this is seen in two major ways. Firstly, the ongoing CCC's which have proved encouragingly effective during the holiday seasons (traditionally a time of increased alcohol consumption and consequent harm). Secondly, the partnership between the National Drug Research Institute, the Gascoyne Public Health Unit, and the community proved so effective it has been the impetus for an application to be drawn up for further funding for a men's health project in the region. This new concern arose out of the joint realisation that alcohol problems fit within a

broader health context and an appreciation of the limitations of current health services for men in Carnarvon.

Finally, the uniting of the community in working towards reducing alcohol-related harm has been acknowledged as successful both by the community and the intervention participants. This is a significant result as people now believe they can work together to initiate change within the community, and plans are in place to ensure the ongoing implementation of these initiatives.

## **RECOMMENDATIONS**

- That radio advertisements be continued as an effective means of promoting health with all segments of the Carnarvon population.
- That there be continued use of local identities, events, and content in media based interventions.
- That the CCC's are continued.
- That hospital and police data be collected from centralised databases to ensure accuracy. Data should also be more closely related to the target group and outcomes that are to be measured.
- That the community mobilization methodology be continued in future primary health projects in Carnarvon.
- That the number of liquor outlets in Carnarvon be reviewed.
- That cooled water dispensers be placed in public bars.
- That media promotion regarding host and server responsibilities be continued.
- The Mac concept be utilized in other rural settings.
- That there be more health services for men be more gender appropriate.
- That local norms and culture regarding alcohol consumption be addressed in any future projects of this nature.

## REFERENCES

- Boots, K., & Midford, R. (1995). *Promoting safe parties: Evaluation of the 1993 Geraldton Partysafe Campaign*. Perth: Nation Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology.
- Catalano, P., Chikritzhs, T., Stockwell, T., Webb, M., Rohlin, C. J., & Dietze, P. (2001). *Trends in per capita alcohol consumption in Australia, 1990/91-1998/99* : National Alcohol Indicators Project, Bulletin No. 4. National Drug Research Institute, Curtin University of Technology, Perth.
- Cherpitel, C. (1993). Alcohol and injuries: A review of international emergency room studies. *Addiction*, 88, 923-937.
- Denzin, N. K., & Lincoln, Y. S. (1998). Entering the field of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies for qualitative inquiry* (Vol. 2, pp. 1-33).
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publications.
- Gascoyne Public Health Unit. (2000). *Year 2000 Business Plan*.
- Holman, C. D. J., Donovan, R. J., & Corti, B. (1993). *Survey on Recreation and Health 1992: Executive Overview*. Perth: Health Promotion and Development and Evaluation Program, Department of Public Health and Department of Management, The University of Western Australia.
- Holt, S., Stewart, I. C., Dixon, J. M. J., Elton, R. A., Taylor, T. V., & Little, K. (1980). Alcohol and the emergency service patient. *British Medical Journal*, 281, 638-640.
- Midford, R. & McBride, N. (1999) Evaluation of a national school drug education program in Australia. *International Journal of Drug Policy*, 10(3),177-193.
- Midford, R., & Boots, K. (1998). Community based prevention of alcohol and other drug problems. *Drugwise*(Winter), 9-11.

- Midford, R., Boots, K., Masters, L., & Chikritzhs, T. (1999). *Time series analysis of outcome measures from a community alcohol harm reduction project in Australia*. Paper presented at the Kettil Brunn Society Thematic Meeting Fourth Symposium on Community Action Research and the Prevention of Alcohol and Other Drug Problems, New Zealand.
- Midford, R., James, R., Oddy, W., Dyskin, E. V., & Beel, A. (1995). Alcohol consumption and harm in two Western Australian regional centres. *Australian Journal of Public Health*, 19(1), 41-45.
- Midford, R., Marsden, A., Phillips, M., & Lake, J. (1997). Workforce alcohol consumption patterns at two Pilbara mining-related worksites. *Journal of Occupational Health and Safety - Australia and New Zealand*, 13(3), 267-274.
- Midford, R., Masters, L., Phillips, M., Daly, A., Stockwell, T., Gehagan, M., & Philp, A. (1998). Alcohol consumption and injury in Western Australia: A spacial correlation analysis using geographic information systems. *Australian and New Zealand Journal of Public Health*, 22(1), 80-85.
- National Centre for the Prevention of Drug Abuse. (1995). *The measurement of alcohol problems for policy project: A first report of work in progress*. Perth, WA: Curtin University.
- Pols, R. G., & Hawks, D. V. (1992). *Is there a safe level of daily consumption of alcohol for men and women? Recommendations regarding responsible drinking behaviour*. (2 ed.). Canberra: Australian Government Publishing Service.
- Promotion, I. C. o. H. (1986). *Ottawa charter for health promotion*. Ottawa, CA.
- Stockwell, T., Chikritzhs, T., & Brinkman, S. (2000). The role of social and health statistics in measuring harm from alcohol. *Journal of Substance Abuse*, 12, 139-154.
- Thompson, B., & Kinne, S. (1999). Social change theory: Applications to community health. In N. Bracht (Ed.), *Health promotion at the community level 2: New advances* (pp. 29-58). Thousand Oaks, CA: Sage.



Unwin, E., Codde, J., Swensen, G., & Saunders, P. (1997). *Alcohol caused deaths and hospitalisation in Western Australia, by health services*. Perth: WA Drug Abuse Strategy Office.

World Health Organization. (2000). *International guide for monitoring alcohol consumption and related harm*.

## APPENDICES

Note: The following appendices contain the surveys carried out after the project completion (post surveys). They contain the repeated pre-survey questions plus additional questions added to obtain data on the Partysafe interventions.

### APPENDIX 1: ALCOHOL CONSUMPTION SURVEY

**Carnarvon Resident** Yes  No  (discontinue if no)

**1. Sex** M  F

**2. Age** 18-24  25-35  36-45  46-54  55+

**3. Occupation** \_\_\_\_\_

**4. Cultural background** \_\_\_\_\_

**5. Do you drink alcohol on any of the following days:**

	<b>Time</b>	<b>Quantity</b>	<b>Location</b>
<b>Mon-Thurs</b>			
<b>Fri</b>			
<b>Sat</b>			
<b>Sun</b>			

AM=1, PM=2, Evening=3

1-5=1, 6-10=2, 11+=3

Licensed=1, Private Residence=2, Workplace=3

**6. In your opinion what are the alcohol issues in Carnarvon?**

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**7. Do you remember hearing any of the following radio advertisements?**

- Example 1 Yes  No
- Example 2 Yes  No
- Example 3 Yes  No

**8. Do you remember seeing any of the following newspaper advertisements or articles?**

- Example 1 Yes  No
- Example 2 Yes  No
- Example 3 Yes  No

**9. Were you aware of the low alcohol beer promotion at Als and Woolies?**

- Yes  No

**10. Were you aware of the following events in Carnarvon?**

- Glenn Swift Yes  No
- Driver Reviver Stop Yes  No

**11. Did any of the above items (mentioned in Q's 7-9) cause you to alter your usual behaviour pattern over the Christmas/holiday period?**

**12. Did you see the character 'Mac' in the local paper Carnarvon Classies?**Yes  No 

If No: you have completed this questionnaire.

If Yes: Please answer questions 13-15.

**13. Did you read it each week?**Yes  No **14. How important is it to you that Mac is a local character?**Not Important  Somewhat Important  Important  Very  
Important **15. What message/s do you think the cartoon carried?**

**APPENDIX 2: KEY INFORMANTS INTERVIEW FORM**

Explain the purpose of the interview and inform the respondent about the preservation of confidentiality in the handling of results.

Interview should be carried out face to face – do not leave forms to be filled out. Avoid mentioning any campaigns or interventions unless the respondent has already raised them or they are part of a question.

**QUESTIONS**

1. In general what do you think is the major health problem in Carnarvon at present?
  
  
  
  
  
  
  
  
  
  
2. How serious do you think alcohol is as a health problem in Carnarvon? (Ask this if Alcohol is not mentioned in question 1)
  
  
  
  
  
  
  
  
  
  
3. What do you feel are the main problems with alcohol in Carnarvon? (Try to elicit at least three problems).
  
  
  
  
  
  
  
  
  
  
4. In general, what do you think causes these problems?
  
  
  
  
  
  
  
  
  
  
5. What do you feel are the main alcohol related issues for men in Carnarvon at present? In general what do you think causes these problems?



12. In what ways have alcohol related problems been addressed in Carnarvon over the past 12 months? (Probe, is this different from previous years?)
13. Do you think alcohol related problems got worse, got better, or stayed about the same in Carnarvon over the past 12 months.
14. Are you aware of the Christmas Collaborative Campaign?
- What aspects of the campaign were you aware of?
- |                                                                |   |
|----------------------------------------------------------------|---|
| <b>Newspaper adverts and editorials</b>                        | μ |
| <b>Radio messages recorded by community members</b>            | μ |
| <b>Glenn Swift, Storyteller</b>                                | μ |
| <b>Low alcohol promotional competition at Als and Woolies.</b> | μ |
15. Have you heard community member's comments about any aspect of the campaign? If so what were their comments?
16. What benefits/impact, if any, do you believe the campaign has had for the Carnarvon community?

17. Do you have any suggestions for future campaigns of this type?
18. Were you aware of the Mac Cartoons running in the Classies during 2000?  
Yes    μ        No    μ
19. Do you believe these cartoons had any benefit or impact on the Carnarvon community? If so what were the benefits/impact?

**Thank the respondent for their participation.**



## APPENDIX 3: SAMPLE NEWSPAPER MEDIA

Article 1: Full page Partysafe Advertisement in Carnarvon Classies

**A PARTY BY ANY OTHER NAME  
IS STILL A PARTY!**

For your next party do something different.  
Don't call it a party!

Soiree - Evening Party.  
With summer upon us, it's the perfect opportunity to gather with a few dozen  
of your closest friends and associates and toast our magnificent sunsets.  
Some champers, a couple of platters of our beautiful local fruit and a sunset.  
Who could ask for a better ending to the day.

Celebration - Mark with or engage in festivities.  
Celebrate your birthday, the arrival of summer or fact that its Friday.  
Put up balloons and streamers; hand out the party hats and whistles.  
Make your invites fun and colourful and include your house rules

Rave - Enjoy oneself freely.  
No explanation needed!  
Just a word of caution though, enjoying oneself 'freely'  
doesn't mean enjoying oneself to the point of unconsciousness.  
Remember, spacing your drinks makes it all last longer

Shindig - Lively, noisy party  
Great food, great friends, even better music.  
Ask your guests to bring a plate and their favourite CD  
Dance, sing, laugh, talk and most importantly invite your  
neighbours.

**GO ON!  
DARE TO BE  
DIFFERENT!**

National Drug Research Institute  
READY, SET, GO!  
Geelong Public Health Unit

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Article 2: Quarter page Partysafe Advertisement in Northern Guardian

## BLOKE SAFETY FOR THE HOLIDAY SEASON

*Guys, if you're heading up the coast these holidays here's a few tips to keep you running on all eight.*



### **Bear is not a sunscreen!**

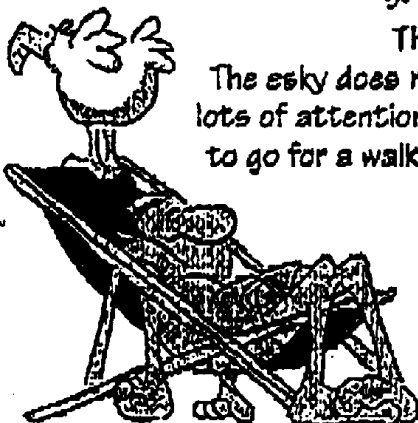
Make sure you do your sunscreen every 2 hours, sooner if you're swimming. Wear a wide brimmed hat if possible, if not pay special attention to the top of your ears, nose and back of your neck.

### **You aren't Super Man!**

Even though the temptation to go for a swim may be huge especially after a few drinks, don't do it! Your reaction times are slower and the chance of getting into trouble is increased.

### **The esky does not have feelings!**

The esky does not get lonely, or up set when you don't pay it lots of attention. Your family on the other hand will. Take time to go for a walk up the beach with them, or simply watch the kids having fun.



### **Look after your mates!**

There's always the silly bugger who tries to self destruct. Be a mate and look after him, he might not thank you for it but at least he'll be around for another year.

**Brought to you by  
National Drug Research Institute — Carnarvon Partysafe  
Gascoyne Public Health Unit — Health Promotions**

Article 3: Article + photo of local workers in Northern Guardian

NORTHERN GUARDIAN, Wednesday, December 13, 2000 — Page 5

## Party safe through Christmas season



JILL and Rhonda Millar enjoy making balloon animals.

THE festive season is underway and comes with it the drink safe message of the Carnarvon Collaborative Christmas Campaign, an initiative of Party Safe and Gascoyne Public Health.

Last week, a small group of people found there was other ways to have fun that getting intoxicated on alcohol.

GPH hosted a fun night at the Tropicana Tavern where storyteller and Glenn Swift entertained the patrons with a variety of activities.

Swift, an actor with multiple talents, described the night as "a Tupperware party without the Tupperware".

Adult games, a quiz, story-telling and making balloon animals was all part of the fun.

Campaign coordinator Julie-Anne Jaeger said it was important at this time of the year to reinforce the message that alcohol enhances the event, it should not be the focus.

With the cultural shift of more people drinking at home, instead of in the controlled environment of the licenced premises, there was a danger of people drinking excessively.

Mrs Jaeger said the Troppi was supportive of the Christmas campaign, along with the Sandhurst, Gascoyne and Carnarvon Hotels.

The Sandhurst Hotel provides a water fountain so customers could space alcoholic drinks with water and the Gascoyne and Carnarvon maintain a responsible server policy.